



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Enforcement Division

P.O. Box 12157 • Austin, Texas 78711 • (512) 539-5600 • (800) 803-9202 • fax (512) 539-5698

Web site: www.tdlr.texas.gov

March 31, 2017

LUIS VELASCO
109 E JAY AVE
MCALLEN TX 78504 2002

Subject: Luis Velasco (Respondent), Case Number: MID20170006440

Dear Mr. Velasco:

The Texas Department of Licensing and Regulation (Department) has concluded its investigation of the above-referenced case number. The allegation was that you were providing care at a location that was either unsafe and/or unclean. You claimed that you did not see clients at that location. While the evidence is overwhelming that the location was unclean and unsafe, without evidence to show that you provided care at this location, there is insufficient evidence to establish that there was a violation of the Texas Midwifery Law or Rules.

At any hearing in which the Department seeks a sanction or penalty against a licensee or other individual, the burden is on the Department to prove that the licensee or individual committed a violation of the law or rules in place at the time of the alleged violation. We do not believe the evidence in this instance is sufficient to establish a violation was committed. Therefore, I am closing this case with no further action.

Any questions regarding this case should be addressed to Jacqueline R. Revilla, Legal Assistant, Enforcement Division at (512) 539-5597 or e-mail Jackie.Revilla@tdlr.texas.gov.

Sincerely,

Charlotte R. Melder
Senior Prosecutor
Enforcement Division

CC: Complainant



Professional Licensing and Certification Unit
COMPLAINT FORM

RECEIVED

AUG 05 2015

PLCU INVIGA Group

NAME OF REGULATORY BOARD/PROGRAM

1-800-942-5540 (Complaint Hotline)

Please call if you are unsure to which Board/Program you should direct your complaint.

COMPLAINANT INFORMATION (PERSON REPORTING)

1056-15-0022

Name: Hector F. Gonzalez, M.D., M.P.H. City of Laredo Health Director

Address: 2600 Cedar, Laredo, Texas 78040

Street Address

City

State

Zip

Home Phone: _____ Work Phone: 956-795-4920

LICENSEE INFORMATION (CALLED VIOLATOR)

Name: Luis Velasco

Address: 109 E. Jay Avenue, McAllen, Texas

Street Address

City

State

Zip

Home Phone: _____ Work Phone:

CLIENT-PATIENT INFORMATION (IF APPLICABLE)

Name: This is a City of Laredo Health Department report.

Address:

Street Address

City

State

Zip

Home Phone: _____ Work Phone:

Complainant's Relationship to Client:

Is the client a minor? Yes No If yes, give age:

SUPPORTING DOCUMENTATION

Attach documentation such as canceled checks or receipts, charts, notes, records; also, names, addresses, and phone numbers of others who may have information about the alleged violations, etc.

DETAILS OF COMPLAINT

Dates of Client-Patient/Licensee Relationship: From: To:

Dates of Violations: July 24, 2015.....

Details of Complaint: The City of Laredo Health Department responded to a citizen complaint that Mr. Luis Velasco was operating a dirty facility. Upon inspecting the facility we responded an abundance of controlled substances being used by Mr. Luis Velasco. The place was unsanitary, and had old X-ray room radioactive materials. Mr. Luis Velasco stated he was departing that day and closing the facility. He showed one of the rooms, the kitchen, which had large openings where rodents had been observed coming in. The sewer lines were not connected to the city sewer system, and waste was being discharged to the environment. Because of his practice is inconsistency with the scope of his TDSHS license we recommend appropriate sanctions be imposed, and or even revoking his license. Some of the controlled substances included "testosterone," and sedatives.

Lack of Sanitation

Having prescribed medications on site from others which he may have been using

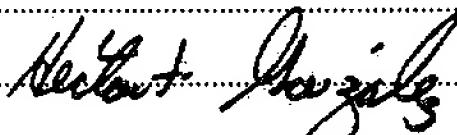
Acting as a pharmacy

Having Medical supplies, prescription pads and equipment that only physicians use

Inappropriate management of medications, medical supplies

Lack of certificate of occupancy

State of Texas County of Webb _____


Hector F. Gonzalez, M.D., M.P.H.
Signature of Complainant

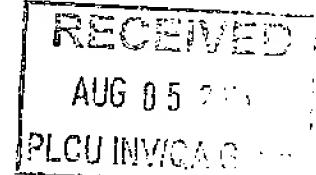
Mail your completed packet to:

Investigations
PO Box 141369
Austin, Texas 78714-1369



2600 Cedar Ave., P.O. Box 2337, Laredo, TX 78044
Tel. (956) 795-4900 Fax. (956) 726-2632

July 31, 2015



Professional Licensing and Certification Unit
Investigations
P.O. Box 141369
Austin, Texas 78714-1369

Subject: Report on Midwife Complaint

The City of Laredo Health Department responded to a citizen complaint that Mr. Luis Velasco, a registered midwife with the State of Texas was operating a dirty facility. Upon inspecting the facility, we found an abundance of controlled substances being used by Mr. Luis Velasco. The place was unsanitary, and had old X-ray room radioactive materials. Mr. Luis Velasco stated he was departing that day and closed the facility. He showed one of the rooms, the kitchen, which had large openings where rodents had been observed coming in. The sewer lines were not connected to the city sewer system, and waste water was being discharged to the environment. Because of his practice is inconsistence with the scope of his TDSHS license we recommend appropriate sanctions be imposed, and or even revoking his license. Some of the controlled substances included "testosterone," and sedatives.

Field Inspector Findings:

Lack of Sanitation

Having prescribed medications on site from others which he may have been using

Acting as a pharmacy

Having Medical supplies, prescription pads and equipment that only physicians use

Inappropriate management of medications, medical supplies

Lack of certificate of occupancy

For questions pertaining to this report please contact myself at telephone 956-795-4920 or Dr. Waldo A. Lopez @ 956-795-4921.

Hector F. Gonzalez, M.D., M.P.H
Director of Health

TEXAS AMMUNITION



CITY OF LAREDO HEALTH DEPARTMENT

JUL 31 2015

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Professional Licensing and Certification

Unit/Investigations
P.O. Box 141369
Austin, Texas 78714-1369

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